

88388

A-1381

I.D. TAG NO

Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCESVital Records Unit
CERTIFICATE OF DEATH

136-

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1. DECEDENT'S NAME First: <u>Beaverly</u> Middle: <u>Ann</u> Last: <u>CULLEY</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>June 7, 1988</u>
4. SOCIAL SECURITY NUMBER <u>544-36-4153</u>		5a. AGE - Last Birthday (Years) <u>50</u>	5b. UNDER 1 YEAR Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) <u>June 9, 1937</u>	
8. FACILITY NAME (If not institution, give street and number) <u>Rogue Valley Medical Center</u>		9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Bank Teller</u>		10b. KIND OF BUSINESS/INDUSTRY <u>United States National Bank</u>	
11a. RESIDENCE - STATE <u>Oregon</u>		11b. COUNTY <u>Klamath</u>	
12a. CITY, TOWN, OR LOCATION OF DEATH <u>Medford</u>		12b. COUNTY OF DEATH <u>Jackson</u>	
13a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13b. ZIP CODE <u>97603</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (10-12)</u>		17. FATHER - NAME first middle last <u>Olaf T. Johnson</u>	
18. MOTHER - NAME first middle maiden <u>Juanita - Howell</u>		19. INFORMANT - NAME and relationship to decedent <u>Jack A. Culley - husband</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Cremation Service</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (Of Licensee) <u>3287</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel</u> <u>515 Pine St., Klamath Falls, Ore.</u>		23. TIME OF DEATH <u>1:30 P.</u>	
24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <u>[Signature]</u>	
26. DATE SIGNED (Month, Day, Year) <u>6/10/88</u>		27. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u> </u>	
28. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Eric S. Overland, M.D., 691 Murphy Road, Suite 217, Medford, Oregon 97504</u>		29. DATE SIGNED (Month, Day, Year) <u> </u>	
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>		31. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. (a) DUE TO, OR AS A CONSEQUENCE OF <u>Pneumonia</u> (b) DUE TO, OR AS A CONSEQUENCE OF <u>Pneumonia</u> (c) DUE TO, OR AS A CONSEQUENCE OF <u> </u>	
32. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) <u>Severe Emphysema, Chronic Bronchitis, Tobacco</u>		33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide	
36a. DATE OF INJURY (Month, Day, Year) <u> </u>		36b. TIME OF INJURY <u> </u>	
36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36d. DESCRIBE HOW INJURY OCCURRED <u> </u>	
37. REGISTRAR'S SIGNATURE <u>[Signature]</u>		38. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	

STATE OF OREGON

ORIGINAL VITAL STATISTICS COPY
CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE JUN 16 1988NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of June A.D., 19 88 at 2:17 o'clock P. M., and duly recorded in Vol. M88 of Deeds on Page 9497

FEE \$8.00

Evelyn Biehn, County Clerk
By [Signature]